

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

August 7, 2007

Joan Stockton, Administrator Community Restorium P.O. Box 419 Bonners Ferry, ID 83805

License #: RC-118

Dear Ms. Stockton:

On July 18, 2007, a Fire Life Safety Survey was conducted at Community Restorium. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY

Team Leader

Health Facility Surveyor

Facility Fire Safety & Construction Program

TB/li

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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July 31, 2007

Joan Stockton, Administrator Community Restorium P.O. Box 419 Bonners Ferry, ID 83805

Dear Ms. Stockton:

On July 18, 2007, a Fire Life Safety Survey was conducted at Community Restorium. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 17, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES, Supervisor

Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

**Bureau of Facility Standards** 

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING 01 - ENTIRE BUILDING B. WING 13R118 07/18/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6619 KANISKU STREET **COMMUNITY RESTORIUM BONNERS FERRY, ID 83805** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 000 Initial Comments R 000 The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 18, 2007. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction Bureau of Facility Standards TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM V32N21 (X6) DATE

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Community Restonium	6619 KANIKSU	(208) 267-2453
Administrator /	City	ZIP Code
Joon Stocketon	Borners Ferry Id	83205
Survey Team Leader	Survey Type	Survey Date
TAYLOR BArkley		7-18-7

<u> </u>	STOCICTON	Survey Type	275	3O2	
	· ·	Survey Type	Survey Date		
JA1/Al	Rarkley		7-1	7-18-7	
<u>NON-CORE ISS</u>	UES /				
TEM RULE # 16.03.22		DESCRIPTION		DATE RESOLVED	BFS USE
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esponse Required Date	Signature of Facility Representative			Date Signed	
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